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Approved for use through 7/31/2006. OMB 0651-0032
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## Application, Number Filing Date to L MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Applicant(s) Substitute for Form PTC, 1360 (For use with Form PTO/SB/06) May be used for additional claims or amendments CLAIMS AS FILED AFTER FIRST AFTER SECOND AMENDMENT AMENDMENT Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend (°8 Total Total Indep Indep Total Total Depend Depend Total Total Claims

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